Attorney

Docket No.: BDL-497XX

#### DECLARATION AND POWER OF ATTORNEY

### As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

# Method for indexing and identifying multimedia documents

The s	specification c	of which (check one):			
[ ]i	s attached her	deposited on:  eto [ ]was filed on M. amended on M.	ay 26, 2006 as Applic ay 26, 2006 (if	ation No. 10	)/580,747 <sub>;</sub>
[X] v	was filed as PC and was amended	T International. Appl. under PCT Article 19 c	No. <u>PCT/FR2004/003017</u> or	n <u>November 25</u> (if applicabl	o, 2004, .e).
I hei speci	eby state that fication, incl	: I have reviewed and uuding the claims, as am	understand the contents nended by any amendment :	of the above- referred to a	-identified bove.
I ack this	nowledge the dapplication in	uty to disclose informa accordance with Title	ation which is material 37, Code of Federal Regu	to the patent lations §1.5	ability of 6.
ident	ified below an	patent or inventor' ov foreign application	under Title 35, USC \$119 s certificate listed for patent or inventor' on which priority is cl	below and	harro alco
	Prior Foreign	Application(s)	Date Filed	Priority Cl	aimed
	0313907 (Number)	France (Country)	27/11/2003 (Day/Month/Year	[X] ) Yes	[ ] No
	(Number)	(Country)	(Day/Month/Year	[ ] Yes	[ ] No
	(Number)	(Country)	(Day/Month/Year)	[ ] Yes	[] No
I here	eby claim the Description (s) liste	penefit under Title 35, ed below:	USC §119(e) of any Uni	ted States p	rovisional
	(Application	Number)	(Filing Da	te)	<del></del>
	(Application	Number)	(Filing Da	te)	_
	(Application	Number)	(Filing Da	te)	-

Express Mail Number
EV 560127943 US

Attorney Docket No.: BDL9497XX

I hereby claim the benefit under Title 35 USC \$120 of any United States or International application(s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 USC \$112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, \$1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application No.)	(Filing Date)	(Patented/pending/abandoned)
(Application No.)	(Filing Date)	(Patented/pending/abandoned)
(Application No.)	(Filing Date)	(Patented/pending/abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the Attorneys associated with Customer Number 00207 to prosecute this application and transact all business connected therewith in the Patent and Trademark Office, and to file with the USRO any International Application based thereon.

The following Attorneys are associated with Customer Number 00207:

Stanley M. Schurgin, Reg. No. 20,979 Charles L. Gagnebin III, Reg. No. 25,467 Victor B. Lebovici, Reg. No. 30,864 Holliday C. Heine, Reg. No. 34,346 Gordon R. Moriarty, Reg. No. 38,973 Beverly E. Hjorth, Reg. No. 32,033 Richard E. Gamache, Reg. No. 39,196 Thomas O. Hoover, Reg. No. 32,470

Address all correspondence to:

[X] Customer Number 00207

which is associated with the Law Firm of: WEINGARTEN, SCHURGIN, GAGNEBIN & LEBOVICI LLP Ten Post Office Square Boston, Massachusetts 02109 United States Telephone: (617)542-2290 Fax: (617)451-0313

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First/Sole Invent	or: <b>Hassane ESSAFI</b>	
City of Residence ORSAY	State or Country France	Country of Citizenship France
Post Office Address 97 Rue de Paris, Résidence de l'Yvette - Bât. 1	City ORSAY	State or Country Zip Code France 91400
Signature: (Please sign and date X	e in permanent ink.)	Date signed: x 2 2 AOUT 2006

## Sheet 3 of 4

Attorney
Docket No.: BDL-497XX

Full Name of Second/Joint Inver	ntor: Larbi GUEZOULI	
City of Residence GIF SUR YVETTE	State <b>or</b> Country France	Country of Citizenship Algeria
Post Office Address Résidence les Fonds Fanettes, Apt.13, 8 Rue de la Croix Audierne,	City GIF SUR YVETTE	State or Country Zip Code France 91190
Signature: (Please sign and dat	e in permanent ink.)	Date signed:

Full Name of Third/Joint In	ventor: Salima SAYAH	
City of Residence COURBEVOIE	State or Country France	Country of Citizenship Algeria
Post Office Address 18 Boulevard de la Paix	City COURBEVOIE	State or Country Zip Code France 92340
Signature: (Please sign and X	date in permanent ink.)	Date signed:

Full Name of Fourth/Joint Inv	ventor: Ali BEHLOUL	
City of Residence LES ULIS	State or Country France	Country of Citizenship Algeria
Post Office Address 15 Résidence le Bosquet	City LES ULIS	State or Country Zip Code France 91940
Signature: (Please sign and d	ate in permanent ink.)	Date signed: X 2 2 AOUT 2006

### Sheet 4 of 4

Attorney
Docket No.: BDL-497XX

Full Name of Fifth/Joint Inve	ntor: Clarisse MANDRIDAKE	
City of Residence VILLEBON SUR YVETTE	State or Country France	Country of Citizenship Madagascar
Post Office Address 18 Rue du Baron de Nivière	City VILLEBON SUR YVETTE	State or Country Zip Code France 91140
Signature: (Please sign and do	ate in permanent ink.)	Date signed:

Full Name of Sixth/Joint Inv	ventor: <b>Louafi ESSAFI</b>	
City of Residence PANTIN	State or Country France	Country of Citizenship MOROCCO
Post Office Address 1 Rue Gabriel Josserand	City PANTIN	State or Country Zip Code France 93500
Signature: (Please sign and	date in permanent ink.)	Date signed:

permanent ink.)	Date signed:
•	
7	State or Country Zip Code
ce <b>or</b> Country	Country of Citizenship
t	: te <b>or</b> Country